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ABSTRACT

To investigate correlates of fear of crime and physical mobility among physically vulnerable older adults, 42 community dwelling older adults twice completed a battery of tests, with 1 year intervening. The tests included Functional Health Status, Perceived Health Status, Sense of Mastery, Leave of Residence, and Fear of Crime. Crime statistics for each respondent's neighborhood were recorded. An analysis of the pretest results showed that a strong sense of personal mastery was related to low fear of crime. High mastery and strong functional health were directly related to getting out frequently. Posttest results were generally consistent with pretest findings. Contingency analysis of change across the two times of measurement revealed a systematic relationship between increased mastery and decreased fear of crime, and visa versa. However, despite significant decline in functional health during the year, no systematic association was found between change in health and change in the amount an individual left his or her residence. Actual crime rates in the older adults' neighborhoods bore little relationship to fear of crime or getting out of the house. These findings suggest that older adults do not support the notion that they are prisoners in their own homes. (Author/BL)

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FEAR OF CRIME IN THE ELDERLY:
A LONGITUDINAL STUDY

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Abstract: CORRELATES OF FEAR OF CRIME AND OF HOW OFTEN ONE LEFT HIS OR HER RESIDENCE WERE INVESTIGATED IN 42 COMMUNITY DWELLING, PHYSICALLY VULNERABLE OLDER ADULTS WHO WERE ASSESSED TWICE, WITH ONE YEAR INTERVENING. PRETEST RESULTS SHOWED THAT A STRONG SENSE OF PERSONAL MASTERY WAS RELATED TO LOW FEAR OF CRIME. HIGH MASTERY AND STRONG FUNCTIONAL HEALTH WERE DIRECTLY RELATED TO GETTING OUT FREQUENTLY. POSTTEST RESULTS WERE GENERALLY CONSISTENT WITH PRETEST FINDINGS. CONTINGENCY ANALYSIS OF CHANGE ACROSS THE TWO TIMES OF MEASUREMENT REVEALED A SYSTEMATIC RELATIONSHIP BETWEEN INCREASED MASTERY AND DECREASED FEAR OF CRIME, AND VISA VERSA. HOWEVER, DESPITE SIGNIFICANT DECLINE IN FUNCTIONAL HEALTH DURING THE YEAR, NO SYSTEMATIC ASSOCIATION WAS FOUND BETWEEN CHANGE IN HEALTH AND CHANGE IN THE AMOUNT ONE LEFT HIS OR HER RESIDENCE. ACTUAL CRIME RATES IN THESE OLDER ADULT'S NEIGHBORHOODS BORE LITTLE RELATIONSHIP TO FEAR OF CRIME OR GETTING OUT OF THE HOUSE. THESE RESULTS HAVE IMPLICATIONS FOR RESEARCH, INTERVENTION AND EVALUATION.

Introduction

: It is generally believed that the elderly exhibit greater fear of crime than younger adults, whether or not they are being victimized more than other age groups (Braungart, Hoyer & Braungart, 1979). Some researchers describe older adults as living a life of self-imposed confinement, isolated from much of the outside world, as virtual "prisoners in their own homes" (Lawton & Kleban, 1971). The rationale suggested for this heightened fear and subsequent isolation is that diminishing health and physical resources result in increasing perceived vulnerability and helplessness (Goldsmith & Goldsmith, 1975). However, health status, how often one leaves one's residence, and sense of personal mastery over the environment have received little systematic analysis in relation to fear of crime or to actual crime rates.

In this study, the following measures were given to 42 community-residing, physically vulnerable older adults ($\bar{x}_{AGE}$= 78.5), with one year separating pretest and posttest.

Functional health status (Pfeiffer, 1975)--scores range from 7 (unimpaired) to 28 (bedridden).

Perceived health status (Sherwood & Morris, 1980)--scores range from 1 (excellent) to 4 (Poor).

Sense of mastery (Pearlin & Schooler, 1978)--scores range from 7 (high mastery) to 28 (low mastery).

Leave of residence (Sherwood & Morris, 1980)--scores range from 3 (homebound) to 24 (daily).

Fear of crime (Patterson, 1978)--scores range from 27 (minimal concern) to 135 (extreme fear).

Crime statistics for each respondent's neighborhood were obtained from police reporting district records for both times of measurement. The numbers given are ratios of the number of crimes to the reporting district population (e.g., .003 = 3 assaults per 1000 residents).

PRETEST AND POSTTEST COMPARISONS
(N=42)

	PRETEST	POSTTEST	t
FUNCTIONAL HEALTH[A]	$\bar{x}$ = 12.714 SD = (5.554)	14.429 (6.829)	-4.02****
PERCEIVED HEALTH[A]	2.744 (0.790)	2.581 (0.626)	1.74
MASTERY[A]	15.153 (4.728)	16.058 (4.760)	-1.30
LEAVE OF RESIDENCE	18.833 (3.987)	18.500 (4.702)	.76
FEAR OF CRIME	57.597 (11.358)	58.180 (9.637)	-.44
TOTAL CRIME RATE[B]	0.090 (0.068)	0.078 (0.058)	2.28*
RESIDENTIAL BURGLARY	0.015 (0.008)	0.016 (0.009)	-.19
STREET ROBBERY	0.005 (0.006)	0.007 (0.008)	-3.19**
AGGRAVATED ASSAULT	0.005 (0.004)	0.005 (0.004)	-.26

[A]LOWER VALUES SIGNIFY HIGHER VALUES OF VARIABLES.

[B]TOTAL CRIME RATE INCLUDES RESIDENTIAL BURGLARY, STREET ROBBERY (E.G. PURSE SNATCHING), AND AGGRAVATED ASSAULT (E.G. MURDER, RAPE), AS WELL AS A NUMBER OF OTHER CATEGORIES (E.G. AUTOMOBILE-RELATED CRIMES).

*P >.05 SIGNIFICANTLY LESS TOTAL CRIME AT POSTTEST.
**P >.01 SIGNIFICANTLY MORE STREET ROBBERY AT POSTTEST.
****P >.0001 SIGNIFICANTLY MORE FUNCTIONAL IMPAIRMENT AT POSTTEST.

HYPOTHESIS 1: FEAR OF CRIME IN OLDER ADULTS IS MORE GREATLY DETERMINED BY SENSE OF PERSONAL MASTERY AND HEALTH STATUS THAN BY ACTUAL CRIME RATE IN THEIR AREA.

CORRELATIONS WITH FEAR OF CRIME
(N=42)

ZERO-ORDER CORRELATIONS	PRETEST	POSTTEST
FUNCTIONAL HEALTH	.28*	.24
PERCEIVED HEALTH	.25	.48***
PERSONAL MASTERY	.49****	.40**
TOTAL CRIME RATE	-.05	.13
RESIDENTIAL BURGLARY	-.10	.15
STREET ROBBERY	.16	.12
AGGRAVATED ASSAULT	.14	.19
PARTIAL CORRELATIONS		
CONTROLLING FOR MASTERY:		
TOTAL CRIME RATE	-.31*	.02
RESIDENTIAL BURGLARY	-.19	.16
STREET ROBBERY	-.11	.05
AGGRAVATED ASSAULT	-.01	.05
CONTROLLING FOR HEALTH:	(FUNCTIONAL)	(PERCEIVED)
TOTAL CRIME RATE	-.10	.18
RESIDENTIAL BURGLARY	-.06	.26*
STREET ROBBERY	.14	.16
AGGRAVATED ASSAULT	.07	.15

*p > .05 ***p > .001

**p > .01 ****p > .0001

CONTINGENCY ANALYSIS OF CHANGE IN FEAR OF CRIME WITH CHANGES IN INDEPENDENT VARIABLES

	χ^2
FUNCTIONAL HEALTH	3.46
PERCEIVED HEALTH	.57
PERSONAL MASTERY	5.48*
LEAVE OF RESIDENCE	.24
TOTAL CRIME RATE	.15
RESIDENTIAL BURGLARY	.17
STREET ROBBERY	.68
AGGRAVATED ASSAULT	.40

*$P > .05$

A SIGNIFICANT SYSTEMATIC RELATIONSHIP BETWEEN CHANGE IN MASTERY AND CHANGE IN FEAR OF CRIME IS OBSERVED. THOSE INDIVIDUALS WHOSE SENSE OF PERSONAL MASTERY INCREASED FROM PRETEST TO POST-TEST ALSO REPORTED LESS FEAR OF CRIME; CONVERSELY, THOSE WHO DECREASED IN MASTERY INCREASED IN FEAR.

HYPOTHESIS 2: THE AMOUNT AN OLDER INDIVIDUAL LEAVES HIS OR HER RESIDENCE DEPENDS MORE ON HEALTH STATUS AND SENSE OF PERSONAL MASTERY THAN EITHER FEAR OF CRIME OR ACTUAL CRIME RATE.

CORRELATIONS WITH LEAVE OF RESIDENCE
(N=42)

ZERO-ORDER CORRELATIONS	PRETEST	POSTTEST
FUNCTIONAL HEALTH	-.56****	-.45**
PERCEIVED HEALTH	-.19	-.09
PERSONAL MASTERY	-.28*	-.03
FEAR OF CRIME	-.24	-.29*
TOTAL CRIME RATE	.02	-.05
RESIDENTIAL BURGLARY	-.02	-.05
STREET ROBBERY	-.07	-.29*
AGGRAVATED ASSAULT	-.26*	-.02
PARTIAL CORRELATIONS		
CONTROLLING FOR FUNCTIONAL HEALTH:		
PERSONAL MASTERY	.02	.05
FEAR OF CRIME	-.11	-.24
TOTAL CRIME RATE	.03	.01
RESIDENTIAL BURGLARY	-.09	-.12
STREET ROBBERY	-.07	-.18
AGGRAVATED ASSAULT	-.17	.11

*p > .05

**p > .01

****p > .0001

CONTINGENCY ANALYSIS OF CHANGE IN LEAVE OF RESIDENCE WITH CHANGES IN INDEPENDENT VARIABLES

	χ^2
Functional health	.46
Perceived health	.04
Personal mastery	1.16
Fear of crime	.24
Total crime rate	1.52
Residential burglary	.31
Street robbery	1.29
Aggravated assault	1.91

No significant relationships were found in changes across time. For example, although a significant decline in functional health was observed, those who have become more impaired by posttest are just as likely to report getting out more as they are to report getting out less.

Conclusions

: Fear of crime in this sample of community dwelling, physically vulnerable older adults not only is significantly related to their sense of personal mastery, but also changes systematically with changes in mastery. No association was found between changes in the crime rates in an individual's neighborhood and his or her reported fear of crime. Older adults' heightened fear of crime cannot be understood solely in terms of external factors; internally based, psychological factors must be included if the phenomenon is to be explained.

The extent to which these older adults leave their homes is strongly related to their functional health, at both times of measurement. However, no systematic relationships were observed between changes in getting out and changes in health status, or any other variables studied. It is possible that lack of observed concommitant change across the year resulted from the pre-existing physical vulnerability of this sample, which served to increase the salience of environmental supports (e.g. availability of transportation) not included in this study.

Perhaps the most important conclusion to be drawn from these findings is that the reports of these older adults do not support the notion that they are "prisoners in their own homes" because of an elevated fear of crime or because they reside in an area of high crime. Fear of crime and leaving one's residence appear to be related to different factors, and neither appears to be strongly related to actual crime rates. This suggests that attempts to alleviate one of these problems through intervening in another are not likely to succeed.

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